

**TOWN OF LEBANON BUILDING DEPARTMENT
579 EXETER ROAD, LEBANON, CT 06249
Phone: 860-642-6028 / Fax: 860-642-2022**

HEATING – AIR CONDITIONG – VENTILATION PERMIT APPLICATION

Date: _____ Job Address: _____ Owner: _____ Mailing Address: _____ Phone: _____	HVAC Contractor: _____ Mailing Address: _____ Phone: _____ License #: _____
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Check One: **New Job** _____ **Replacement** _____

Oil Burner Job: **Oil Tank Size** _____ **Tank Location** _____

Type of Job: **Heating** _____ **Air Conditioning** _____ **Ventilating** _____

Type of System: **Warm Air** _____ **Hot Water** _____ **Steam** _____ **Solar** _____ **Other** _____

WARM AIR

Make & Model of Unit: _____

Check One: **Oil** _____ **Gas** _____ **Electric** _____ **Solar** _____ **Other** _____

Bonnet Output of Unit (BTU's) _____ **Heat Loss of Building (BTU's)** _____

Method used to calculate heat loss _____

WATER OR STEAM

Make & Model of Unit: _____

Check One: **Oil** _____ **Gas** _____ **Electric** _____ **Solar** _____ **Other** _____

Heat Loss of Building (BTU's) _____ **Actual net radiation or BTU's on replacement** _____

AIR CONDITIONING

Make & Model of Unit: _____ **Rating (BTU's)** _____

Electric _____ **Gas** _____ **Absorption** _____ **Heat Pump** _____ **Solar** _____ **Other:** _____

Describe type of unit: _____ **Heat Gain of Building** _____

COMMENTS: _____ **ESTIMATED COST OF JOB: \$** _____

The undersigned, hereby applies for a permit to do work according to the above specifications. All provisions of the Building code shall be complied with in the installation of this work whether specified herein or not. This Permit may be revoked by the Building Official at his/her discretion.

HVAC Tech Signature: _____

COPY OF LICENSE REQUIRED

If homeowner doing work please sign here: _____

FOR OFFICE USE ONLY:

Permit #: _____ Date Received: _____ Permit Fee: \$ _____ Paid: Check _____ Cash _____ Approved: _____ Building Official	Inspections: _____ _____ _____
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